

## ORIGINAL ARTICLE

## Exploring the Obstacles of Islamic Boarding School Health Post in Bandung Indonesia

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## ABSTRACT

**Introduction:** The purpose of this study was to explore the obstacles in a program implementation called the Islamic Boarding School (IBS) Health Post or called *Pos Kesehatan Pesantren* (Poskestren) program in Bandung, Indonesia. **Methods:** This qualitative descriptive study involved informants participating in the program who are selected based on purposive sampling. The data were collected by interviews with the program manager, direct observation of this program activities, documents study, and focus group discussion. Data were analyzed using thematic content analysis. **Results:** The findings of this study indicate that there is only one Islamic Boarding School in Bandung City which has Islamic Boarding School (IBS) Health Post, namely Islamic Boarding School D (anonymity). In addition, Islamic Boarding School Health Post D is still not implemented optimally, because it has eight obstacles, namely: 1) insufficient facilities and infrastructure; 2) inappropriate policy to support the implementation of the program; 3) lack of quantity and quality towards the guidance of health workers to the program; 4) the absence of self-observation activities in the program; 5) limited health education; 6) limited organization in the documentation of program activities; 7) Lack of student visits to the health post program; and 8) lack of student knowledge about clean and healthy lifestyle. **Conclusion:** The establishment of the program and the revitalization of the program is highly recommended.

**Keywords:** Islamic Boarding School Health Post, Islamic Boarding School, Indonesia

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## INTRODUCTION

Islamic Boarding School (IBS) or *Pondok Pesantren* is a form of religious education institution that grows and develops from the community which plays an important role in the development of human resources (1). The role of the Islamic education institution in Indonesia, including Islamic Boarding School, currently has a broader function. Mosques and Islamic Boarding Schools show rapid development as a collaborative Islamic educational institution (10). *Pondok Pesantren* has certain characteristics including the chaplain, religious or other similar designation, students, cottage or dorm, and a mosque or *Musala* (a small mosque) and organizing recitals yellow book (1).

In Indonesia there are 27.218 *Pondok Pesantren* institutions, comprised of 13.446 (49.4 %) salafi/salafiyah (traditional) *Pondok Pesantren*, 3.064 (11.3%) Khalafi/khalafiyah (modern) *Pondok Pesantren*, and 10.708 (39,3%) integrated/combined *Pondok Pesantren*, with 3.642.738 students in total, comprising of males 1.895.580 (52,0 %) and females 1,747,158 (48.0%) (1). In Bandung, there are 97 *Pondok Pesantren* including cottage salafi / salafiah and khalafi / khalafiah (2).

Despite its high numbers of the schools, many problems are faced by most of Pesantren in Indonesia. For example, inadequate facilities have allowed the emergence of many infectious diseases such as scabies, conjunctivitis, head lice, diarrhea, and so on. Therefore, more attention in the health sector is required and become essential for the schools, particularly in the form of access to health services, environmental health and healthy living habits (3). Clean and healthy behavior, especially personal hygiene, generally gets less attention

from the students. Living with a group of people like in a *Pesantren* is at risk of contracting various skin diseases, especially scabies. Transmission occurs when personal and environmental hygiene is not maintained properly. There are still Islamic Boarding Schools that grow in a slum environment, dirty baths and toilets, damp environments, and poor sanitation. Coupled with unhealthy behavior, such as hanging clothes in the room, not allowing female students to dry clothes under the hot sun, and exchanging personal items, such as combs and towels (4).

The environmental factors of the Islamic Boarding School and the life behavior of the students greatly influence the incidence of this disease. Scabies, which is easily found in Islamic Boarding Schools, is strongly influenced by sanitation factors. There are factors of lack of knowledge, the number of occupants who exceed the capacity and hygiene that is not causing the easy transmission of this scabies disease. The prevalence of scabies in Indonesia according to data from the Indonesian Ministry of Health, the prevalence of scabies in Indonesia has decreased considerably from year to year, seen from the 2008 prevalence data of 5.60% - 12.96%, the prevalence in 2009 was 4.9-12.95% and the latest data obtained recorded the prevalence of scabies in Indonesia in 2013, namely 3.9-6%. Although there is a decrease in prevalence, it can be said that Indonesia is not yet free from scabies and is still one of the problems of infectious diseases in Indonesia (5).

There is a significant relationship between the incidence of scabies with a low economic level, poor hygiene, population density, lack of water and the habit of using towels and clothes alternately (6). Poor quality of life in *Pondok Pesantren* in Indonesia could be due to non-hygiene behaviors that follows the traditions and *sub-cultures* developed since the initial establishment of the boarding schools, coupled also with the lack support of the most amenities to support daily life and health facilities (7).

Community empowerment in Islamic Boarding Schools is a facilitation effort, so that members of the boarding school recognize the problems they are facing, plan and make efforts to solve them by utilizing local potential according to local situations, conditions and needs. This facilitation effort is also expected to develop the ability of the Islamic Boarding Schools residents to become pioneers/actors and leaders who can mobilize the community based on the principles of independence and togetherness. The form of empowerment of Islamic Boarding Schools communities in the health sector or commonly known as *Usaha Kesehatan Berbasis Masyarakat* (UKBM) is the Islamic Boarding School (IBS) Health Post/ *Pos Kesehatan Pesantren* (Poskestren) (1).

From a health perspective, in general, the health conditions in the Islamic Boarding School environment

still require attention from various related parties, both in terms of access to health services, healthy behavior and aspects of environmental health. One of the efforts to bring health services closer to *Pondok Pesantren* residents is to develop IBS Health Post. The Minister of Health, the Minister of Religion and the Minister of Home Affairs issued Joint Decrees Number 1067/Menkes/SKB /VIII/2002, Number 385 of 2002, and Number 37 of 2002 concerning "Health Improvement of Islamic Boarding Schools and Other Religious Institutions". The realization of the joint decree was the issuance of technical operational guidelines for the implementation and guidance of Islamic Boarding School health posts, so the decree of the Minister of Health of the Republic of Indonesia Number No.867/Menkes/SK /XI /2006 concerning the Implementation and Development of IBS Health Post was issued which was renewed by the Regulation of the Minister of Health of the Republic of Indonesia No. 1 of 2013 concerning "Guidelines for Organizing and Fostering Islamic Boarding School Health Posts seeks to participate in building the nation's mentality starting from Islamic Boarding Schools to always live clean and free from disease" (1).

IBS Health Post is one of the health efforts implemented by the government which comes from the community in the *Pondok Pesantren* environment, with the principle of, by, and for the residents of the *Pondok Pesantren*. IBS Health Post activities include conducting empowerment programs for students through active guidance in basic health services that prioritize promotive (improvement) and preventive (prevention) aspects without neglecting curative (treatment) and rehabilitation (health restoration) aspects and with the guidance of local Puskesmas and improving a healthy environment, in Islamic Boarding Schools and surrounding areas. IBS Health Post is expected to erase the image of a community boarding school as a community group that is less concerned about hygiene issues through active participation of citizens *Pondok Pesantren* in the health sector, it is expected of public health degree *Pondok Pesantren* be better (8) .

Based on a preliminary study conducted by researchers in March 2019, there are 97 Islamic Boarding Schools in Bandung and only one Islamic Boarding School that has an IBS Health Post. Researchers conducted a preliminary study in one of the IBS Health Post programs in the Bandung City area by interviewing one of the *Pondok Pesantren* residents who used the IBS Health Post. The results of the preliminary study, the IBS Health Post program in the Bandung City area still identifies the existence of ham positions, including the following: 1) The room is lacking, 2) there is not always a doctor every day, 3) there is no visit to the residence of the students and 4) Students seldom visit, usually family picks up immediately if sick.

Based on the background above, the researcher concludes

that it is necessary to conduct a comprehensive study on the obstacles of Islamic Boarding School Health Post in Bandung City, Indonesia.

## MATERIALS AND METHODS

The research design used in this research is descriptive qualitative with a case study approach. The case study is suitable for use in this research because this method is usually used to evaluate certain programs (22). This research was conducted by Islamic Boarding Schools in Bandung City, especially Islamic Boarding School D (anonymity) from April to May 2019. The population in this study were all components involved in the IBS Health Post Program in Bandung City.

The sampling technique used in this research is purposive sampling. Purposive sampling is a technique of determining samples with certain considerations in accordance with the objectives. In qualitative research, there is no need for random sampling of participants and research locations (9). The inclusion criteria in this study were representatives of the components involved in the Islamic Boarding School (IBS) Health Post in Bandung City, namely: 1) IBS Health Post manager at the Bandung City Health Office, 2) IBS Health Post Manager at the Bandung City Health Office, 3) managers of the IBS Health Post D and 4) students from the Islamic Boarding School D. The number of respondents consisted of 12 people consisting of 1 person IBS Health Post manager at the Bandung City Health Office, 1 person IBS Health Post Manager at the Bandung City Public Health Center, 5 managers of the IBS Health Post D and 5 students from the Islamic Boarding School D.

The study used 3 data collection techniques to maintain the validity and reliability. Data collection techniques used in this study were interview techniques, observation and Focus Group Discussion (FGD). Researchers used interview techniques at one person IBS Health Post manager at the Bandung City Health Office and one person IBS Health Post Manager at the Puskesmas. Researchers used the FGD technique in a group consisting of 5 managers of the IBS Health Post D and in a group of 5 students from the Islamic Boarding School D.

One of the data sources used in this study was taken by face to face interviews with semi-structured interview techniques (9). The informants interviewed by the researcher were considered to know the Poskestren Program in Bandung City. In conducting interviews, interview guidelines (general questions) were used. These questions were provided by the researcher before the research was conducted. Questions were made regarding the Poskestren Program based on the Poskestren manual and Longest's Logic Model (1;20). Observations were carried out at the Poskestren at Pesantren D. This technique was used by researchers to

observe the implementation of the Poskestren program and the infrastructure owned by the Poskestren. The observations made were non-participant. In conducting observations, researchers used observation guidelines that had been prepared previously. Researchers also took pictures/photos.

FGD is one of the qualitative data collection techniques used in this study. The advantages of FGDs are that they are relatively quick to complete and cheaper (21). The disadvantages of this technique are that it cannot be used for quantitative purposes, such as hypothesis testing, cannot be used to discuss a very sensitive topic, participants are sometimes difficult to control during the discussion, and the results and conclusions of the discussion are sometimes influenced by the views and approaches of the moderator (21). However, the theme in this study is not very sensitive and is not a hypothesis test so that FGD can be carried out in this study. FGDs were conducted on 2 groups of respondents, namely: Poskestren D management group (consisting of 5 people) and Islamic boarding school student group D (consisting of 5 people). The FGD was conducted according to the time and place agreed upon by the respondent and the researcher.

There are 6 steps of data analysis that the researchers did in this study. The first step, the researcher processed and prepared the data for analysis. This step involves making a transcription of the interview, transcription FGDs, summarizing observations, scanning the material, typing in field data, or sorting and organizing the data into different types depending on the source of the information. The second step, the researcher reads the entire data. The third step, the researcher analyzed in more detail by coding the data. Coding is the process of processing material or information into written segments before interpreting it. The fourth step, the researcher applies a coding process to describe the settings, people, categories, and themes to be analyzed. The fifth step, the researcher connects themes / descriptions. The sixth step is the researcher interpreting or interpreting the data (9). Researchers maintain validity and reliability in this qualitative research by applying three values, namely: 1) credibility; 2) transferability and 3) dependability. Activities carried out by researchers to obtain a high level of credibility are by: 1) trying to confirm and clarify the data obtained with the participants/member checks (returning to the participants after data analysis); 2) make in-depth observations to be able to take the best possible picture of the social phenomena studied. Researchers also tried to apply transferability by providing a strong and detailed description of the experience during data collection. In addition, researchers seek to increase the value of dependability including by: 1) selecting the right research method to achieve research objectives; 2) researchers open themselves as well as possible by utilizing different methods to achieve research objectives; and 3) conduct intensive discussions with

others about the findings and analyzes of the findings of this study.

This research was conducted by emphasizing research ethics as follows: 1) Self Determination, 2) Respect for autonomy, 3) Privacy and Anonymity, 4) Beneficence, 5) Non-Maleficence, 6) Protection from Discomfort and Harm, 7) Veracity, and 8) Justice. Respondents are given the freedom to determine their willingness to participate in the research conducted. The researcher explains in advance to the respondents about the objectives, benefits, and risks that may occur during the research process. All respondents who were selected by the researcher were willing to become research respondents and had signed an informed consent form.

**Ethical Clearance**

This Study was approve by The Ethics Committee for Research of Universitas Pendidikan Indonesia Number: B-0848/UN40.LP/PJ.00.00/2021.

**RESULTS**

**The Obstacles of Islamic Boarding Schools Health Post in Bandung City**

The number of Islamic Boarding Schools in Bandung is 97 *salafiyah* and *kalafiyah* Islamic Boarding Schools. But there is only one Islamic Boarding Schools that has an IBS Health Post, namely the Islamic Boarding School D (anonymity). An overview of the implementation of IBS Health Post activities in Islamic Boarding School D is described in Table I.

Based on Table I, it can be seen that in general the activities of IBS Health Post D are not carried out well. IBS Health Post D provides health services directly by health officers on duty including dentists,

**Table I: An overview of Poskestren activities in Pesantren D (anonymity)**

No.	Poskestren activities	Poskestren D (Anonymity)
1.	Carry out health education activities	√
2.	Carry out sanitary inspections (environmental health checks)	X
3.	Health counseling	X
4.	Regular exercise	X
5.	Medical examination	√
6.	Health screening of students	√
7.	Immunization by health workers	√
8.	Eradication of mosquitoes and their nests	X
9.	Provision and utilization of clean water	X
10.	Early detection of mental disorders and drugs.	X

ophthalmologists, pediatricians, nurses, pharmacists, health analysts, and staff. Some activities have been carried out including registration administration, health services, health education, immunization, and health screening for students. However, IBS Health Post D in this study has not carried out optimal activities.

**The Obstacles of Islamic Boarding School Health Post D**

The results showed that the implementation of the IBS Health Post D (anonymity) was still not optimal. This is due to the following barrier / problems:

**1. Infrastructures IBS Health Post D maximum yet**

Complete data on facilities and infrastructure owned by the IBS Health Post D are as follows (Table II):

**Table II: Infrastructure Poskestren D (anonymity) 2019**

No.	Infrastructure	Poskestren D (anonymity)
1.	Place of examination	√
2.	Place of consultation (nutrition, sanitation, etc.)	X
3.	Medicine storage area	√
4.	Customized Medical Equipment	√
5.	Record-keeping facility	√
6.	Table	√
7.	Chairs	√
8.	Bed	√
9.	The waiting room	√

**2. The implementation policy of the IBS Health Post D Program is inappropriate**

The policy of establishing a program is the main basis for making the program in accordance with applicable laws in Indonesia. The IBS Health Post D has a special clinical practice permit from the Bandung City Health Office so that the program has been running until now. The interview data obtained are as follows:

*“...Our clinic is up to standard... because we also have a clinical practice permit, but now we just have to extend it. In the future, we are in the process of accreditation, yes, because it is not easy and the costs are not cheap. We don’t have the IBS Health Post guidebook...”* (FGD managers of the IBS Health Post D / 17/05/2019)

**3. Lack of quantity and quality of coaching health workers to the IBS Health Post D**

Health workers who carry out coaching are health workers, especially local health centers who hold the

IBS Health Post Program and are part of the Bandung City Health Office. The interview data are as follows:

*"... for a coaching visit to IBS Health Post, we only do it if there is a program from the government, for example applying models ..."* (Interview IBS Health Post Manager at the Bandung City Public Health Center / 30/04/2019)

*".... Guidance from health workers, especially the Sukasari Community Health Center. If you come here, at least if there is a program like the rubella vaccine, we provide the place...."* (FGD managers of the IBS Health Post D / 17/05/2019)

Based on the above results, it can be said that, the absence of visits from health workers and have not been holding coaching program IBS Health Post.

#### **4. Failure to do the introspective survey at the IBS Health Post D**

IBS Health Post D did not introspective survey and obtain data in accordance with the visits and complaints of students only. The interview data are as follows:

*".... Patients visited and were asked their complaints, it was documented that the number of fever ispa there are also itching..."* (FGD managers of the IBS Health Post D/ 17/05/2019)

#### **5. Health counseling for students and residents of the Pesantren Pondok is not optimal**

The IBS Health Post D does not provide counseling to all residents of the boarding school. The interview data are as follows:

*".... If we do counseling once every 40 days to elderly santri, it is routinely done because there are many kinds of students, if there are students who are boarding at the eco-boarding school if there is a disease like scabies we do counseling starting from the PHBS and how to handle it, but if not. yes yes we don't do it...."* (FGD managers of the IBS Health Post D / 17/05/2019)

Based on the results of research, residents of the Islamic Boarding School D received health information from counseling only for the elderly, while the residents of the boarding school were not only elderly.

#### **6. The documentation of IBS Health Post activities is not optimal**

The documentation that was carried out was only documentation of the number of diseases of the students who visited the IBS Health Post. The interview data are as follows:

*".... For the documentation of the students visiting here, the data on what the disease is, it is recapitulated once a month, and submitted to the puskesmas every 18th of a month...."* (FGD managers of the IBS Health Post D / 17/05/2019)

#### **7. Lack of student visits to IBS Health Post**

Based on results of the study found that students visit to IBS Health Post still less than 20%. The interview data are as follows:

*"... the number of visits by students is about 20%, the questions from the general public are also a lot of people per day, yes, it can reach 20 students and the general population is about 30 people, mostly students, so there are a total of 50 people..."* (FGD managers of the IBS Health Post D / 17/05/2019)

Visits students less to IBS Health Post, because students have many choices other for health examination.

#### **8. Lack of Santri knowledge about Clean and Healthy lifestyle/ Perilaku Hidup Bersih dan Sehat (PHBS)**

The knowledge of students about the importance of having a clean and healthy lifestyle is very lacking. The results of the interview are as follows:

*".... students in the boarding house at the eco-boarding school. If there is a disease like scabies, we do counseling starting from the PHBS and how to handle it but if it doesn't exist then we don't do it...."* (FGD managers of the IBS Health Post D/ 17/05/2019)

## **DISCUSSION**

### **Summary of Evidence and Implications for Public Health**

The finding showed that there is a major problem in Islamic Boarding School Bandung City. Out of 97 Islamic Boarding School in Bandung, only one IBS has an IBS Health Post (1,03%). The health problems of students are not only in the Islamic Boarding School D, but throughout all Islamic Boarding Schools in Bandung and all Islamic Boarding Schools in Indonesia. Therefore, it is necessary to establish IBS Health Post in all Islamic Boarding Schools in Bandung and throughout Indonesia.

Data in other cities in Indonesia also shows a low number of Poskestren in Islamic boarding schools. One of them is in the Semarang City, which is 7%, higher than the Bandung City, but still lower than the national target of 100% (23). The city of Bandung is included in the Province of West Java. At the West Java Provincial Health Office level in 2019, the data obtained were 657 Islamic Boarding Schools in West Java and only 78 Islamic Boarding Schools that had IBS Posyandu

(13.76%). The IBS Posyandu program is not optimal, because not every Islamic Boarding School has an IBS Health Post. There are still many obstacles that are the main factor that the Pesantren has not been able to establish the IBS Posyandu Program.

The establishment of the IBS Health Post originated from the boarding school foundation itself which is managed by an IBS Health Post coach appointed by the boarding school residents with the aim of being promotive, preventive, curative and rehabilitative. Not all Islamic Boarding Schools have an IBS Health Post because the establishment of an IBS Health Post is managed by the Pesantren itself according to the source of funds and the management of the Pesantren itself.

The results of previous research prove that the existence of IBS Health Post in Islamic Boarding Schools can significantly improve health attitudes and behaviors in students in Pesantren (15). The results of previous research also prove that there is a significant difference between the incidence of scabies in Islamic Boarding Schools that have IBS Health Post and Islamic Boarding Schools that do not have IBS Health Post ( $p$ -value  $<0.001$ ), where the data shows that the incidence of scabies in pesantren with IBS Health Post is 40.45% and in Islamic Boarding Schools that do not have IBS Health Post only 2.3% (16). The results of previous studies also prove that the IBS Health Post has a significant effect on increasing personal hygiene and decreasing the incidence of infectious diseases (18). In addition, strong evidence from a systematic review also proves that the IBS Health Post can improve the health status of students and can reduce medical care costs (19).

The only one Poskestren in Bandung, namely Poskestren D, is still not running optimally. There are still many IBS Health Post applications in Islamic Boarding School D that are not in accordance with the 2013 RI Minister of Health. The IBS Health Post program must comply with the policy of the Minister of Health Regulation No. 1 of 2013 concerning "Guidelines for Organizing and Fostering Islamic Boarding School Health Posts seeks to participate in building the nation's mentality starting from Islamic Boarding Schools to always live clean, free from disease" (1). This is also the same as in other Poskstren in Depok City, Semarang City and Other Cities in Indonesia which are also running less than optimally (23; 24).

In addition, there are problems, the lack of quantity and quality of training for health workers to the IBS Health Post D. IBS Health Post guidance should be carried out in an integrated manner by Puskesmas and other relevant stakeholders, which is carried out regularly, either directly or indirectly. Guidance is carried out including increasing knowledge, awareness, and skills for IBS Health Post managers and cadres as well as administrative guidance, including financial

management. IBS Health Post coaching is shown to maintain the sustainability of IBS Health Post. The most important components in the management of IBS Health Post are human resources (HR) and funding. So, in the coaching process, it is more focused on these two components (1). The results of previous research proved that cadre coaching was effective in increasing the knowledge, attitudes and skills of cadres, including during the Covid Pandemic (14).

In addition, IBS Health Post D should carry out regular self surveys. According to the 2013 Minister of Health's guidebook, the Self Survey is a series of activities carried out by the residents of the boarding school and the surrounding community together with health center officers, related stakeholders, and the District Health Council (if it has been formed), in recognizing health conditions and problems in the boarding school environment and explore their potential. Data collection can be done by interviewing at least 30 (thirty) people, consisting of the boarding school managers, students, the community in the boarding school environment. Apart from interviews, observations were also made on the environmental health of the boarding schools (including water conditions, bathrooms, toilets, ablution places, study rooms, bedrooms, garbage dumps, and kitchens), healthy behavior (for example smoking, habit of taking out garbage), nutrition (for example healthy food, lack of blood / anemia, disorders due to lack of iodine/IDD, vitamin A, use of yard land), and other health aspects (1).

The result of the Self Survey is an inventory of data/information about health problems and potentials owned by residents of the boarding school and the surrounding community. After the necessary data/information has been collected, the next effort is to formulate the problem and detail the various potentials it has. The availability of complete and accurate data / information is very helpful in determining which activities are feasible to be developed in implementing IBS Health Post. However, what is more important in this activity is to focus more on the process of raising awareness and participation of boarding school residents and the surrounding community in improving health in the boarding school environment and its surroundings (1).

Residents of the Islamic Boarding School D received health information from counseling only for the elderly, while the residents of the boarding school were not only elderly. Health education should be carried out to all members of the Islamic Boarding School. One way of health education that can be used in Islamic Boarding Schools is storybook media. The results of previous studies prove that storybook media is effective for use in Islamic Boarding Schools (11). Children's stories that are compiled must pay attention to two aspects, namely aspects of the content and aspects of story structure (12).

The documentation that was carried out was limited to documenting the health of students who came to the IBS Health Post, while the activities carried out such as counseling and health centers were not carried out documentation. The theory in the 2013 Health Ministerial Guidebook is as follows (1):

- Cadre shall conduct recording of activities and financial management. The format for recording activities includes (1):
  - IBS Health Post target logbook, which records the total number of residents of the boarding school and the surrounding community
  - Logbook of IBS Health Post service activities recapitulation
  - notebooks of meeting activities organized by IBS Health Post;
  - Activities carried out and the needs of the IBS Health Post concerned.
  - The format for recording financial management uses a cash book that contains records of revenues and 0expenses.
- The IBS Health Post report is made by the manager of the IBS Health Post and submitted to the head of the boarding school every month which includes activity and financial reports, the head of the boarding school is then accountable for the report to interested parties (1).

Not doing health education to students is the main factor for students not knowing how to live clean and healthy. It is advisable to provide counseling to all students in the boarding school environment regularly at least once a week. The results of previous research prove that health education about PHBS, such as hand washing counseling, is effective for students (13).

A clean and healthy lifestyle is basically an effort to transmit experiences about healthy lifestyles through individuals, groups or the wider community using communication channels as a medium for sharing information. There are various information that can be shared, such as educational materials to increase knowledge and improve attitudes and behaviors related to a clean and healthy way of life (8).

A clean and healthy lifestyle includes all behaviors that should be practiced in the field of prevention and disease management, environmental sanitation, nutrition, pharmacy, health care and others. These behaviors should be practiced in all places, including in Islamic Boarding Schools (17).

Based on the previous discussions, the implication of this research is that it is necessary to establish Poskestren in all Islamic Boarding Schools in the city of Bandung. The main intervention that must be done is to change the policies of the government so that it is more encouraging for pesantren to create Poskestren programs. Specific efforts, for example by making it mandatory for Islamic

boarding schools and including them in one of the boarding school accreditation assessments.

### **Limitations and Future Research**

This research has a limitation, namely the lack of research coverage, which is only carried out at the Regency/City level. There is a need for research that covers all of West Java and even all of Indonesia, because the Poskestren program is a National Program from the government. Therefore, it is recommended for further researchers to carry out research on Poskestren at the West Java and national levels. In addition, the limitation of this study, is the lack of variety of research designs. In the future, it is necessary to carry out research with quantitative designs and mixed method designs related to obstacles and efforts to improve Islamic Boarding School Health Post in Indonesia.

### **CONCLUSION**

Based on the research results, there is only one Islamic Boarding School in Bandung City, which has Islamic Boarding School (IBS) Health Post, namely Islamic Boarding School D (anonymity). In addition, Islamic Boarding School Health Post D is still not implemented optimally, because it has eight obstacles, namely: 1) The facilities and infrastructure of the IBS Health Post D are not optimal; 2) Policies for the implementation of the IBS Health Post D Program that are not appropriate; 3) Lack of quantity and quality of coaching health workers to the IBS Health Post D; 4) The absence of self-observation activities in the program; 5) Health education to the IBS Health Post D was not optimal; 6) Documentation of the activities of the IBS Health Post D was not optimal; 7) Lack of student visits to IBS Health Post D ; and 8) Lack of Santri knowledge about Clean and Healthy lifestyle.

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